Endard Form No. 1034—Revised Form prescribed by Comptroller General, U. sSanitized September 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) (Amended February 20, 1952) Cost. Reimbursable (Department, bureau, or establishment)							PAID BY				
oucher prepa	red at										
		(Give place and date) Payee's Account No580				Te	APC 2672				
HE UNITED STATES, Dr.,		Fayee's Account No.					COPY/ OF 3				
0		(Pa	yec)						7		
		iress)	(City) FICLES OR SERVICES	(State)		UNIT	PRICE	AMOUNT	-		
o, and Date of Order	Date of Delivery or Service	ART (Enter description, ite schedule, and ot Discount Terms	m number of contract her information deem	t or Federal supply ed necessary)	QUANTITY	Cost	Per	Dollars	Cts.		
		Cost						2,336.	57		
		. *									
YMENT:				•		-					
Complete [
Partial		lise con	tinuation sheet(s) if nec	essary							
nipped from			/eight	Government B/L No	o. Payee must NO	T al:	Total	2,336.	57		
	above bill is corre	ct and just and that payme	nt has not been receiv	ed.	Payee must NU				_		
STAT		(Sign original only)		Diffe					-		
		STAT	INTL						-		
Date - 11/14/	55 * Payce	ficate not requir		p	mount verified;	correct 1	or	2,336	\$		
					Signature or init		90-				
Contract No.	ALO1	Date	Req. No.		Date		Invoice Rec	∵d	··· ·		
ursuant to auth	ority vested in me,	, I certify that this account	is correct and proper f	or payment.		1.	2/20/	S^{-}	ΓΑΤ		
Approved for \$	2,336.57			†		erti?	ying Officer)	29			
		12/5/3	SIGN	TitleAu	thorized	Certi	fying.	officer			
Зу 🖺		ff	ONLY								
Title	ontracting		STATINTL	Date							
		THIS FORM MUST BE EXECUTED \									
	ACCO	UNTING CLASSIFICATIO	N (Appropriation Syn	abol must be shown	other classifica	ation opti	onal)	· · · · · · · · · · · · · · · · · · ·			
ΔΡ	PROVED:										
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	Approving	Officer									
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	s No	dated	, 19	_, for \$				f the United St named above.	ates in		

Standard Form No. 1035—Revised Form prescribed Sanitized Comprised Reptember 7, 1950 September 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) Services Other Than Personal CONTENNATION SHEET

CONTINUATION SHEET

Date of Delivery of Service Date of Order Date of Delivery or Service Delivery of Service PAYROLL Direct Labor Costs properly chargeab: Contract Alol for the period 10-31-5; thru 11-6-55 Week Ending 11-6-55 STATINTL Date of Delivery of Center description, item number of contract or Federal supply self and other information deemed necessary) SYSTEM IV Direct Labor Costs properly chargeab: Contract Alol for the period 10-31-5; TATINTL Overhead computed at interim rate	le to	Cost	Per	Dollars	Cts
Direct Labor Costs properly chargeab. Contract AlOl for the period 10-31-5 thru 11-6-55 Week Ending 11-6-55 ST	7				
Contract AlOl for the period 10-31-55 thru 11-6-55 Week Ending 11-6-55	7			1	
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TATINITI Overhead computed at interim rate	ATINTL				
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Total Labor and Overhead				2,336	- 5
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